



TRICARE

Your Military Health Plan

Transitioning from Active Duty to Retirement

Retiree Seminar



Decision Process

- ✓ Where will you live?
- ✓ Will you accept employment?
- ✓ How is your health (and family)?
- ✓ What health plans are available?
- ✓ Cost of competing health plans?
- ✓ Insurability?
- ✓ Do I need supplemental insurance?



DEERS

- Defense Enrollment Eligibility Reporting System (DEERS)
- Active and retired service members (sponsors) are automatically registered in DEERS
- Sponsors must register family members in the DEERS database
- Registration in DEERS required for TRICARE eligibility
- Uniformed Services Identification Cards



Changes in Status

- Separation from active duty or retirement
- Change of address
- Marriage or divorce
- Birth or adoption of a child
- Full-time student age 21 or over
- Death of spouse or child
- Address changes for spouse or children
- Medicare entitlement



Updating DEERS Information

- Visit an ID card issuing facility; locate one near you at www.dmdc.osd.mil/rsi
- Call: 1-800-538-9552
- Fax changes to: 1-831-655-8317
- Mail changes to:
Defense Manpower Data Center Support
Office
Attn: COA
400 Gigling Road
Seaside, CA 93955-6771
- Make address changes online at:
www.tricare.osd.mil/DEERSAddress



How TRICARE Changes When You Retire

	When on Active Duty	Upon Retirement
TRICARE Options	• TRICARE Prime • TRICARE Prime Remote • TRICARE Extra* • TRICARE Standard* • Uniformed Services Family Health Plan*	• TRICARE Prime • TRICARE Extra • TRICARE Standard • Uniformed Services Family Health Plan
TRICARE Prime	• No enrollment fees • No copayments	• Enrollment fees apply • Copayments apply in network
TRICARE Extra	15% cost-share	20% cost-share
TRICARE Standard	20% cost-share	25% cost-share
Catastrophic Cap	\$1,000 annually	\$3,000 annually
MTF Access	ADSMs—1 st priority ADFM—priority depends on enrollment in TRICARE Prime	Priority depends on enrollment in TRICARE Prime
Medicare-eligibility	Family members not required to purchase Medicare Part B * ADSMs are not eligible for TRICARE Extra, TRICARE Standard, or USFHP	Must purchase Medicare Part B regardless of age



TRICARE

Military Treatment Facilities (MTFs)

- Upon retirement, your access to services at the MTF will change
- You will retain priority access to care in the MTF if you enroll in TRICARE Prime
- If you choose to use TRICARE Extra or TRICARE Standard, you will continue to have access to care in an MTF on a space-available basis only



MTF—Priorities for Care

1. Active duty service members
2. Active duty family members enrolled in TRICARE Prime
3. Retirees, their family members, and others enrolled in TRICARE Prime
4. Active duty family members NOT enrolled in TRICARE Prime
5. Retirees, their family members, and others NOT enrolled in TRICARE Prime
6. All other eligible beneficiaries





Transitioning from Active Duty to Retirement

Health Care Options



TRICARE Prime

- Enrollment fees
 - Individual: \$230 per year
 - Families: \$460 per year
- Network provider fees
 - Outpatient visit: \$12 copayment
 - Inpatient visit: \$11 per day (\$25 minimum)
 - Emergency services: \$30 copayment
 - Behavioral health outpatient visit:
 - \$25/individual
 - \$17/group
 - Behavioral health inpatient visit: \$40 per day



Enrolling in TRICARE Prime

- Your change in status—from active duty to retired—will cause a disenrollment from TRICARE Prime
- You must re-enroll to continue your TRICARE Prime coverage
- Make sure your information is reflected correctly in DEERS, then complete a new TRICARE Prime enrollment application to avoid a break in coverage
- Include your enrollment fees with your new enrollment application



Enrollment Portability

- Transfer TRICARE Prime enrollment from one TRICARE Region to another
- Twice in a single enrollment year as long as second transfer is back to the original enrollment location
- Select a new PCM in the new region
- Update new address in DEERS



TRICARE Extra

- Preferred provider option (PPO)
- No enrollment required
- Seek care from any TRICARE network provider
- Responsible for annual deductibles and discounted cost-shares
- Providers will file claims for you
- May seek care in an MTF on a space-available basis



TRICARE Extra—Costs

- Annual deductible
 - \$150 individual/\$300 for family
- Cost-shares after deductible has been met
 - 20% of negotiated rate
- Providers cannot charge more than the negotiated rate for services rendered



TRICARE Standard

- Fee-for-service option
- No enrollment required
- Seek care from any TRICARE-authorized provider
- Responsible for annual deductibles and cost- shares—highest out-of-pocket expense
- May have to pay provider then file claim for reimbursement



TRICARE Standard—Costs

- Annual deductible
 - \$150 individual/\$300 for family
- Cost-shares after deductible has been met
 - 25% of allowed charges
- May be responsible for up to 15% above the TRICARE allowable charge for services if providers do not participate in TRICARE
- May have to pay provider then file claim for reimbursement



TRICARE Extra vs. Standard

Extra

- Any TRICARE network provider
- Cost-share: 20% of negotiated rate
- Providers will file claims for you
- Not responsible for additional charges for covered benefits

Standard

- Any TRICARE-authorized provider
- Cost-share: 25% of allowable charge
- May have to file claims
- Nonparticipating providers may charge up to 15% above allowable charge for services



Catastrophic Cap

- Each fiscal year—\$3,000 for all retirees and family members
 - TRICARE Prime
 - TRICARE Extra
 - TRICARE Standard



Uniformed Services Family Health Plan

A TRICARE Prime-like option

- Available to retirees and their eligible family members, including those age 65 and over
- Offers all of the health care coverage and benefits, plus some additional enhancements, at the same costs as TRICARE Prime
- All rights to use the MTFs are waived if you enroll with USFHP



USFHP—Accessing Care

- Do not access MTFs or Medicare providers
- Receive care from a primary care physician in the USFHP network of private physicians
- Covered for worldwide emergency care and many preventive care services
- Can access on-site patient advocates for assistance
- Includes discounts for eyeglasses, hearing aids, and dental care



USFHP—Enrollment

- Submit a completed USFHP application to the USFHP program of choice
- Must reside in one of the service areas listed on the next slide
- May enroll at anytime throughout the year with a one-year commitment, unless you move out of the area where the plan is offered
- Enrollment fees, if applicable, are portable to another TRICARE Prime program



USFHP Designated Providers

- Martin's Point Health Care—Maine and New Hampshire
- Brighton Marine Health Center—Central and Eastern Massachusetts and Rhode Island
- St. Vincent Catholic Medical Centers—Parts of New York, New Jersey, Eastern Pennsylvania, and Southern Connecticut
- Johns Hopkins Community Physicians—Central Maryland, Pennsylvania, and Northern Virginia
- CHRISTUS Health—Southeast Texas and Southwest Louisiana
- Pacific Medical Clinics—Puget Sound area/Washington State

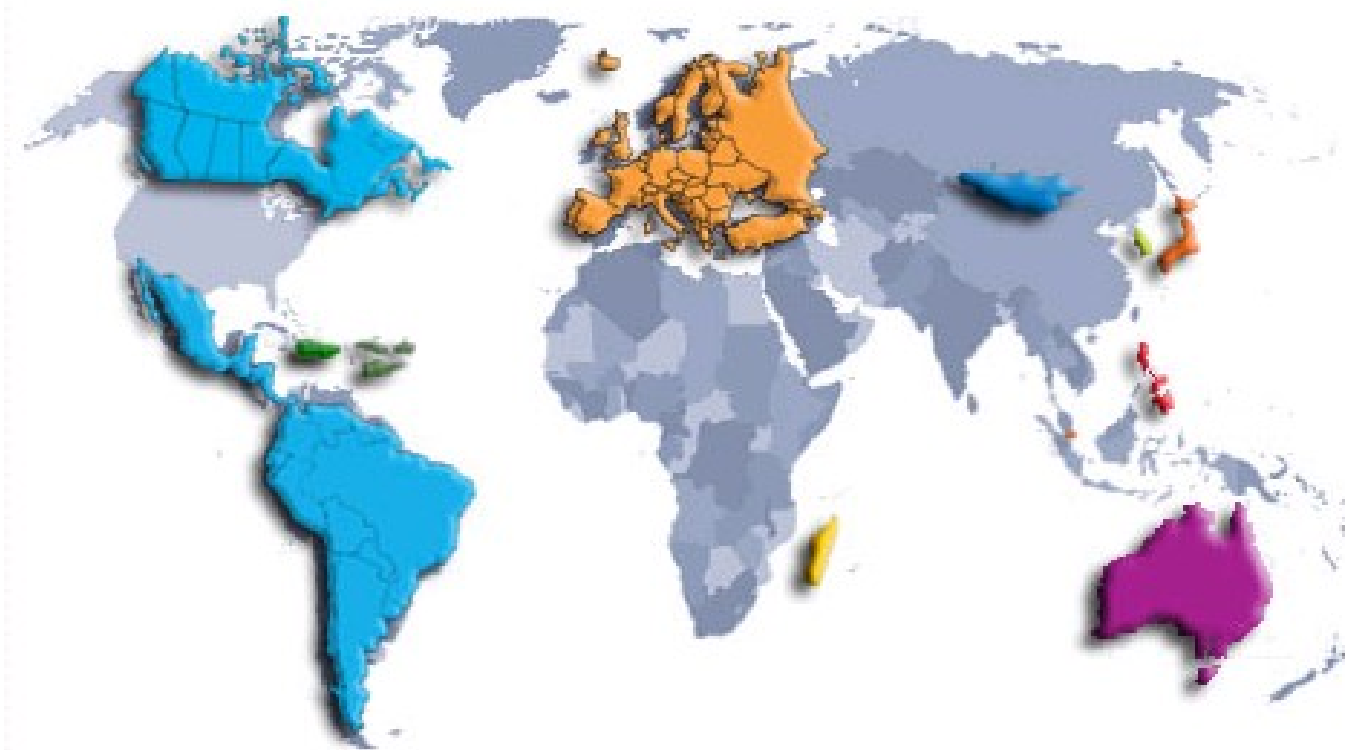


Access to Care when Living Overseas

- You and your family may have access to MTFs overseas on a space-available basis
- You will no longer be able to enroll in TRICARE Prime, but will be covered for all health care under TRICARE Standard
- The same annual deductibles and cost-shares will apply as in the stateside TRICARE Standard option



TRICARE Overseas Regions





Transitioning from Active Duty to Retirement

Pharmacy Options



TRICARE Pharmacy Program

- MTF Pharmacy
- TRICARE Mail Order Pharmacy
- TRICARE Retail Network Pharmacy
- Non-network Retail Pharmacy



MTF Pharmacies

- Prescriptions may be filled at an MTF pharmacy at no charge (least costly to patient and Department of Defense)
- If medication is in stock, it will be filled but best to call ahead
 - Up to 30-day supply for controlled substances
 - Up to 90-day supply for all other medications
- MTF pharmacies will accept written prescriptions from any TRICARE-authorized provider



TRICARE Mail Order Pharmacy (TMOP)

- Convenient home delivery (FPO or APO for overseas locations)
 - Low Cost
 - Generic medication—\$3 for up to a 90-day supply
 - Brand name medication—\$9 for up to a 90-day supply
 - Non-formulary medication—\$22 for up to a 90-day supply
 - Note: Up to a 30-day supply for controlled substances
 - Free Shipping and Handling
 - For more information:
 - Visit www.express-scripts.com/TRICARE
 - 1-866-DoD-TMOP (1-866-363-8667)



TRICARE Retail Pharmacy Network

May have prescriptions filled at a pharmacy in the TRICARE network

- Portable across all regions—no claims to file
- Generic medication—\$3 per 30-day supply
- Brand name medication—\$9 per 30-day supply
- Non-formulary medication—\$22 per 30 day supply
- Administered by Express Scripts, Inc.
- Visit www.tricare.osd.mil/pharmacy to locate a retail network pharmacy near you
- 1-866-DoD-TRRx (1-866-363-8779)

Note: A 90-day supply from the TRICARE Retail Pharmacy Network requires three cost-shares to be paid



Non-Network Pharmacies

- Most costly option
- TRICARE Standard deductibles and cost-shares apply
- TRICARE Prime point-of-service (POS) option applies for TRICARE Prime beneficiaries
- May have to pay for prescription and file claim with Express Scripts for reimbursement



Generic Drug Use Policy

- Generic drugs will be substituted for brand names when available
- Must justify medical necessity for brand name to be dispensed
- If generic equivalent drug does not exist the brand name drug will be dispensed



Drugs Requiring Prior Authorization

Certain medications require prior authorization

- Per DoD contracts, some drugs must be dispensed from MTF or mail order pharmacy
- TRICARE covers all FDA approved prescription drugs approved for outpatient use with some exclusions established by law
- 1-877-DoD-MEDS (1-877-363-6337)
- *www.tricare.osd.mil/pharmacy*



Pharmacy Data Transaction Service (PDTS)

- Creates a global centralized data repository
- Reduces the likelihood of adverse drug-to-drug interactions, therapeutic overlaps, and duplicate treatments
- Conducts an online proactive clinical screening (drug interaction check)
- This is done before it is dispensed to the patient, unless filled at a non-network pharmacy



Other Health Insurance and Pharmacy

- Other Health Insurance (OHI)- Primary/TRICARE-Secondary
- If prescription drugs are covered by OHI—
use that benefit then submit a claim to TRICARE
- If prescription drugs are not covered by OHI, or if you have reached benefit cap—use the TRICARE TMOP or Retail Pharmacy benefits
- If you have OHI, you are still eligible to use MTF pharmacies





Transitioning from Active Duty to Retirement

Dental Options



TRICARE Retiree Dental Program

- Voluntary dental insurance program administered by the Federal Services division of Delta Dental Plan
- Available to:
 - Retired service members and their eligible family members
 - Certain surviving family members of deceased active duty sponsors
 - Medal of Honor recipients and their immediate family members and survivors



TRDP—Service Area

- TRDP is a national, combined fee-for-service/preferred provider program that offers enrollees access to any licensed dentist in all 50 states
- District of Columbia, Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, Commonwealth of the North Mariana Islands, and Canada
- With its current enrollment of 700,000, the TRDP is the nation's largest voluntary, all enrollee paid dental plan



TRDP—Enrollment

- Delta Dental handles all enrollments
- There is an initial 12-month commitment for new enrollees after which enrollment may be continued on a month-to-month basis
- 30-day grace period from the coverage effective date during which voluntary termination of enrollment is allowed without further enrollment obligation provided that no benefits have been used



TRDP—Dentists

- When visiting a DeltaSelect USA dentist
 - All claims are submitted for you
 - You are only responsible for your percentage of the TRDP allowed amount
- If visiting a dentist outside of the network
 - Same coverage percentages and benefit levels will apply
 - You will have to pay the dentist and then submit a claim to Delta for reimbursement
 - You are also responsible to pay the difference between the TRDP allowed amount and the dentist's billed charge



TRDP—Costs

- Annual deductible
 - \$50 per person
 - \$150 deductible cap per family
- Annual maximum coverage
 - \$1,200 per person
- Deductible and maximum do not apply to:
 - Diagnostic and preventive services
 - Dental accident procedures or orthodontia
- For more information:
 - 1-888-838-8737
 - www.trdp.org or www.ddpdelta.org



TRICARE National Resources

- TRICARE Web Site
 - *www.tricare.osd.mil*
- TRICARE Online
 - *www.tricareonline.com*

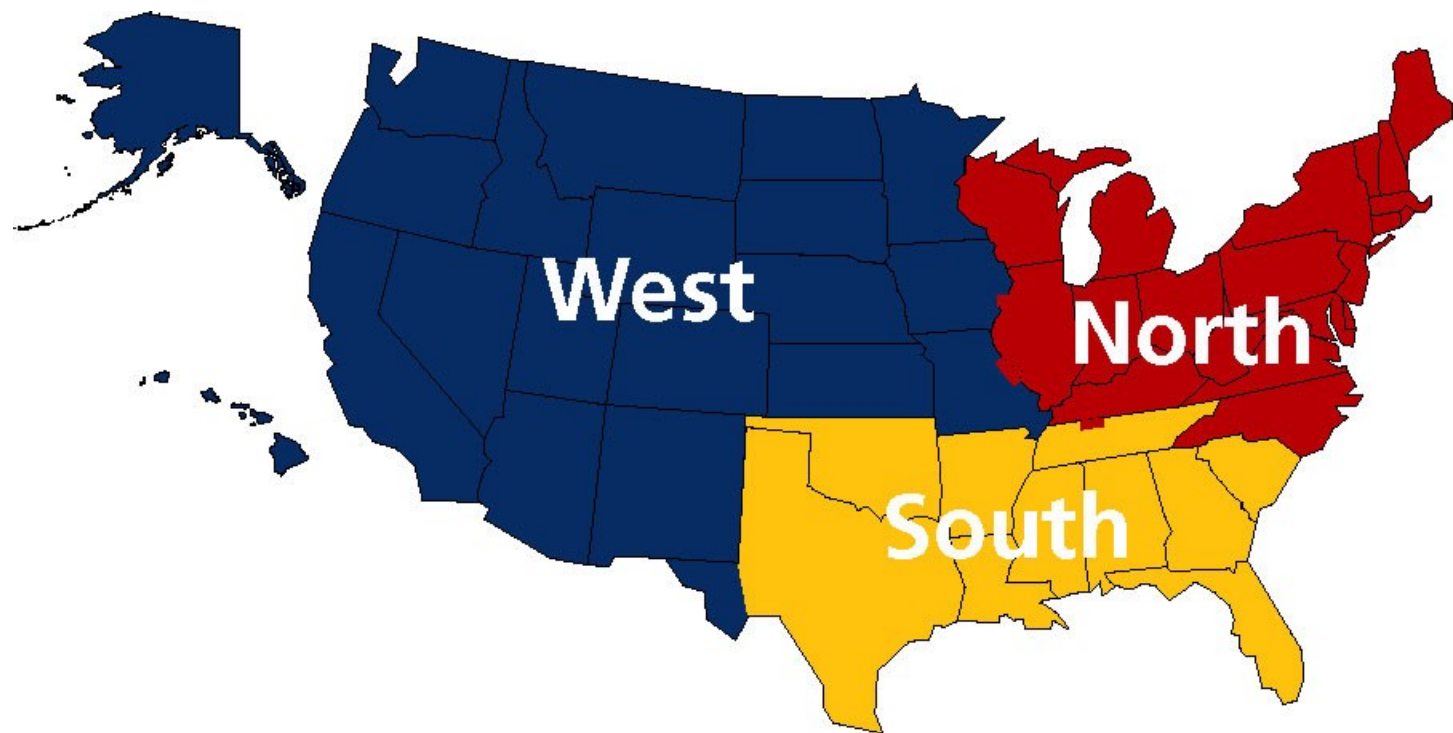


Important Telephone Numbers

- DEERS
1-800-538-9552
- TRICARE Mail Order Pharmacy
(Express Scripts)
1-866-DoD-TMOP (1-866-363-8667)
- TRICARE Retail Pharmacy
(Express Scripts)
1-866-DoD-TRRx (1-866-363-8779)



TRICARE Regions



TRICARE Regional Contractors

- TRICARE North Region
 - Health Net Federal Services, Inc.
 - www.healthnetfederalservices.com
 - 1-877-TRICARE (1-877-874-2273)
- TRICARE South Region
 - Humana Military Healthcare Services, Inc.
 - www.humana-military.com
 - 1-800-444-5445
- TRICARE West Region
 - TriWest Healthcare Alliance
 - www.triwest.com
 - 1-888-TRIWEST (1-888-874-9378)



Thank You!

- TRICARE offers a comprehensive health benefit for our beneficiaries
- From preventive health services to better coordination with our civilian system and lower out-of-pocket costs for families, we have designed and fully implemented a strong, more uniform benefit
- Wherever we maintain medical capability and capacity, whether through military or civilian services, our goal is a world-class health benefit that serves the needs of our members



TRICARE Product Feedback

Please provide feedback on this presentation at:

<http://www.tricare.osd.mil/evaluations/presentations>





Transitioning from Active Duty to Retirement

Back Up Slides



Guaranteed Access Standards

- Urgent care appointment—24 hours or less
- Routine appointment—One week or less
- Specialty appointment or wellness visit — Within four weeks (28 days)
- Travel time may not exceed 30 minutes from home to your PCM's office
- You should not have to travel more than one hour from your home for referred specialty care



Enhanced Benefits Under ~~TRICARE Prime~~

- Clinical Preventive Services
- Behavioral Health Care Services
- Vision Benefit



MTF—The First Option for Care

- TRICARE Prime beneficiaries must seek care from an MTF when it is available
- Inpatient admissions, specialty appointments, procedures requiring prior authorization
- If the service is not available at the MTF within the appropriate access standards, you will be referred to a TRICARE network provider



Primary Care Manager (PCM)

- MTF or network provider
- Provides most of your care and coordinates specialty care when needed
- Knows your family and medical history, lifestyle, and habits
- Helps you develop and carry out a personal health maintenance and improvement program
- Prevents and detects health problems through regular screenings and wellness education



Prime Travel Entitlement

- When referred for specialty care at a location more than 100 miles from your PCM, you may be eligible to have your “reasonable travel expenses” reimbursed
- Includes the actual costs incurred when traveling such as meals, gas/oil, tolls, parking, and public transportation
- Contact your MTF or the TRICARE Regional Office for more information or visit the TRICARE Web site at:
www.tricare.osd.mil/primetravel



Nonemergency Health Care while Traveling

- All routine medical care should be taken care of before you depart or delayed until you return and can see your PCM
- For out-of-area urgent/acute care, you must coordinate with your PCM or Health Net for an authorization before seeking care
- For out-of-area emergency care, call 911 or go to the nearest emergency room (civilian or military)



TRICARE Prime Point-of-Service (POS) Option

- Freedom to use any TRICARE-authorized provider
- In or out of network—no referrals needed
- Nonavailability statement is not necessary
- Subject to higher deductibles and cost-shares
- Point-of-service option is more costly to the enrollee



POS Cost-shares and Deductibles

- Annual outpatient deductibles are \$300 for an individual and \$600 for a family
- 50% cost-shares for outpatient and inpatient claims
- Excess charges up to 15% above the TRICARE allowable charge
- The 50 percent cost-share continues to be applied even after the catastrophic cap has been met



TRICARE and OHI

- TRICARE pays after all other health insurance plans except for:
 - Medicaid
 - TRICARE supplements
 - The Indian Health Service
 - Other programs/plans as identified by TMA
- Not required to obtain TRICARE referrals or prior authorization for covered services, except for adjunctive dental care, the PFPWD, and behavioral health care services
- However, you must follow the OHI referral and authorization requirements if applicable

